

Work Order ID 96144

January-23-13 10:49:35 AM

\*96144\*

Page 1

Item ID: D2348

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wearplate

Stop

\*NS2\*

Start Date: 1/21/13 Start Qty: 24.00

\*24\*

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 24.00

\*24\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-01-24

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: \_\_\_\_\_

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D2348	Rev C
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100	0.00
-----	------

*100*	FLOW WATER JET
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Waterjet	Memo
----------	------

FLOW CNC Waterjet	1-Cut as per Dwg D2348
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	Dwg Rev: <u>C</u>
--	-------------------

	Prog Rev: <u>C</u>
--	--------------------

	2-Deburr if necessary
--	-----------------------

24

DAS  
05  
9-89 13-03-06

110	0.00
-----	------

*110*	QC2- Inspect parts off machine FAI/FAIB
-------	---

QC	Memo
----	------

Quality Control	
-----------------	--

24

DAS  
05  
9-89 13-03-06

120	0.00
-----	------

*120*	QC8- Inspect parts - second check
-------	-----------------------------------

QC	Memo
----	------

Quality Control	
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24

13-03-06

DAS  
09  
9-89

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
			Work Order Update <input type="checkbox"/>			Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	
						Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear					General							
					Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
					Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
					Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
					Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
					Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
					Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
					Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
					Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>						
					Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>						
					Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>						
					Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>						

Work Order ID 96144

January-23-13 10:49:35 AM

\*96144\*

Page 2

Item ID: D2348

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Wearplate

Stop

\*NS2\*

Start Date: 1/21/13 Start Qty: 24.00

\*24\*

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 24.00

\*24\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

150

\*150\*

Outsource4

Outsource process - Anodize

Memo

Issue P/O: 19404

Black Anodize per Dwg D2348

Ensure Certificate of Conformity is attached

0.00

CL 13/03/22 (24)

160

\*160\*

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

24X SP  
13-4-02

Memo

Ensure certificate of conformity is attached

0.00

170

\*170\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

AS  
27  
88

Memo

INSPECT CERTS

0.00

1342

24

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burr <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>	Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>	Other <input type="checkbox"/>		

Work Order ID 96144

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Page 3

Item ID: D2348

Revision ID:

Item Name: Wearplate

Start Date: 1/21/13 Start Qty: 24.00

Required Date: 2/08/13 Req'd Qty: 24.00

Reference:

Accept \*N900040100\* Setup Start \*NS1\*  
Run Stop \*NS2\*

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180 <b>*180*</b> Small Fab	Small Fab Memo Install Insert as per Dwg D2348	0.00				24	0		FF 13-04-04
190 <b>*190*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	SM	1344		24			
200 <b>*200*</b> Packaging Packaging	Identify as per dwg & Stock Location: 85009 Memo	0.00				24x	180		13-04-08

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____		Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
		Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
				<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
				<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
				<input type="checkbox"/>	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
				<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	
				<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	
				<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	
				<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Work Order ID 96144

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Page 4

Item ID: D2348

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Wearplate

Stop \*NS2\*

Start Date: 1/21/13 Start Qty: 24.00

\*24\*

Cust Item ID:

Required Date: 2/08/13 Req'd Qty: 24.00

\*24\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210 <b>*210*</b> QC Quality Control	QC21- Final Inspection - Work Order Release	0.00							13/4/8 JJ
	Memo	0.00							RB-OH-4

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____		Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
		Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>				
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>				
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>				
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		<input type="checkbox"/>				
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

# Picklist Print

January-23-13 10:49:34 AM

Page 1

Work Order ID: 96144

Parent Item: D2348

Parent Item Name: Wearplate

Start Date: 1/21/13

Required Date: 2/08/13

Start Qty: 24.00

Required Qty: 24.00

Comments: IPP Rev A      Removed from 9 Digit 05-12-05 JLM  
IPP Rev:B      Now on Waterjet 06-07-03 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D3996-FE-832-EF  
Self-Clinching Fastener      Manufactured      No      180      Each      457.0000      4      96      FF 13-04-04

Location	Loc Qty	Loc Code
GA 96038	457	96
82502	46	
85727	34	
90233	377	

M6061T6S.063  
6061-T6 .063 Sheet      Purchased      No      100      sf      324.0625      0.0198      0.5002104      h 13.03.06

Location	Loc Qty	Loc Code
MAT021	324.0625	
123135	124.4625	
124003	199.6	

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

DART AEROSPACE LTD	Work Order:	96144
Description: Wear Plate	Part Number:	D2348
Inspection Dwg: D2348	Rev: C	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<i>M. M.</i>	Audited by:	<b>09</b> <i>9-89</i>	Preliminary Approval:	
Date:	13.03.06	Date:	13.03.06	Date:	

Rev	Date	Change	Revised by	Approved
A	04.06.25	New Issue P/O D350-616-015	KJ/JLM	
B	10.06.04	Dimensions update per Dwg Rev C	KJ	

8	7	6	5	4	3	2	1
D							D
C							C
B							B
A							A

**D2348 WEAR PLATE**

ITEM	QTY	P/N	DESCRIPTION
1	X	D2348	WEAR PLATE
2	1	D2348F	FLAT PATTERN
3	4	D3996-FE-832-EF	SELF-CLINCHING FASTENER

UNCOPIED COPY  
SHEET 1 OF 1

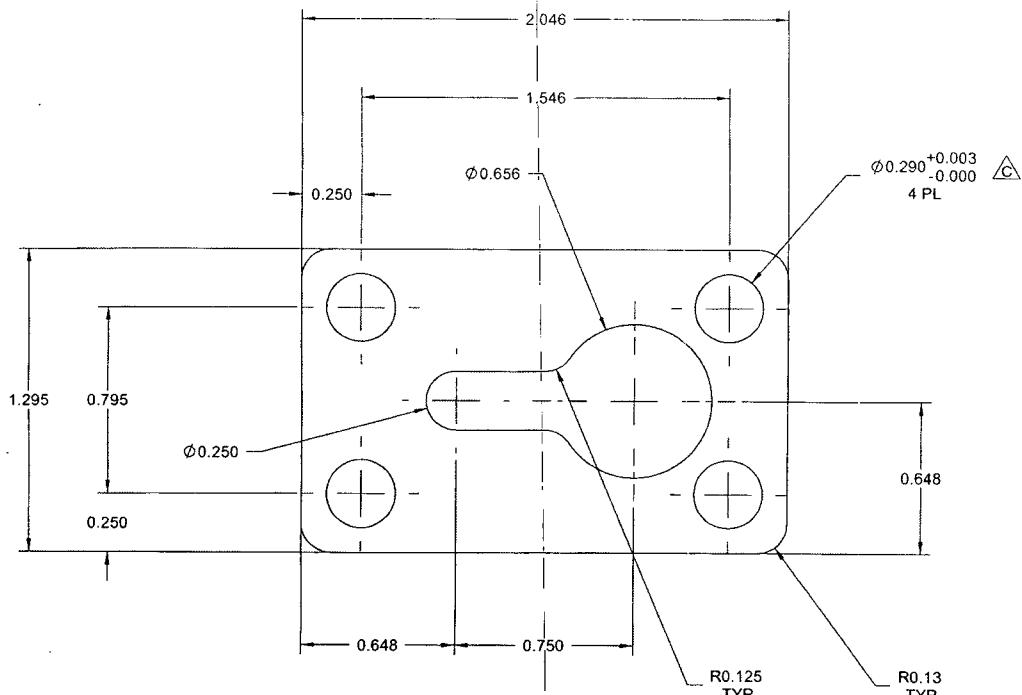
96144 MC5  
130124

**RELEASED**  
2009-11-09  
*[Signature]*

C	REDRAW, ADD +0.003/-0.000 TOL (ZN D4-2), NCR 08-042	CP	09.10.01
B2	CHANGED BACK TO 6061-T6	DS	02.02.21
B1	CHANGED TO AISI 304/316 MATERIAL	DS	00.03.07
B	CHANGED PEM INSERT TO 8-32	BW	95.02.20
REV.	DESCRIPTION	BY	DATE

DESIGN	BW	<b>DART AEROSPACE LTD</b>	
DRAWN	<i>99</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>6</i>	DRAWING NO. <b>D2348</b>	
MFG. APPR.	<i>1</i>	REV. C SHEET 1 OF 2	
APPROVED	<i>1</i>	TITLE <b>WEAR PLATE</b>	
DE APPR.	<i>1</i>	SCALE <b>NTS</b>	
DATE	09.10.01		

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**D2348F FLAT PATTERN**

**NOTES:**

- 1) MATERIAL: 6061-T6 ALUMINUM SHEET 0.063 THICK PER QQ-A-250/11 OR AMS 4025 OR AMS 4027 OR ASTM B209  
REF DART SPEC M6061T6S.063
- 2) FINISH: BLACK ANODIZE PER MIL-A-8625F TYPE I/IB/IC/II/IB CLASS 2
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D2348F" USING REMOVABLE TAG
- 7) WEIGHT: 0.01 lbs

DESIGN	BW	DART AEROSPACE LTD
DRAWN	9/1	HAWKESBURY, ONTARIO, CANADA
CHECKED		
MFG. APPR.		REV. C
APPROVED		SHEET 2 OF 2
DE APPR.		TITLE
DATE	09.10.01	WEAR PLATE
		SCALE NTS

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written permission from DART Aerospace Ltd.

**RELEASED**  
2009-11-08  
JW



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62282

Date: 26-Mar-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via

Quantity	Description	Rev:
1 lot	Part: ASST  3 PCS 647.7918 3 PCS 647.1814 3 PCS 647.7917 4 PCS 41232-200-002-001 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  24 PCS D2348 20 PCS D2428 8 PCS D4726-1 20 PCS D2056 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2  8 PCS D3299-7 BLUE ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130177	PO: 19404 Line:

#### Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance  
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED  
ATG SALES-2010 TERMS APPLY

DATE: 26/3/13

CERTIFIED SIGNATURE: MR

RECEIVER SIGNATURE: \_\_\_\_\_